

The New York Times

Not Every C-section Is a Bad Birth Story

Rates are rising worldwide. That's a problem. But don't forget: This surgery also saves lives.

By Honor Jones

Ms. Jones is a senior staff editor in Opinion.

Oct. 27, 2018

I had my first C-section in 2015. I had my second C-section in 2017. If I ever get pregnant again (shudder), I'll have a third.

But did doctors save my life and the lives of my children? Or did bureaucrats in scrubs slice me open, increasing my risk of infection and denying my babies all those good vagina microbes that would protect them from a lifetime of nasal allergies, just so that they could make it home in time for dinner?

Every year, close to 1.3 million American women have a cesarean section — almost a third of all births. Globally, the C-section rate has doubled in the past 15 years to 21 percent, an “unprecedented and unjustified” increase, according to a new series of studies in the *Lancet*. In the Caribbean and Latin America, 44 percent of births are C-sections; in private clinics in Brazil, up to 90 percent are.

There's no disputing that these rates are too high and that many of these surgeries are not necessary. The World Health Organization says that C-sections are medically indicated in only 10 percent to 15 percent of births; other estimates are somewhat higher. In southern Africa, the rate is far too low — under 5 percent — which means mothers and babies are dying. But here in the United States, C-sections are lucrative and fast, so it's easy to see why doctors too often turn to them.

C-sections do carry risks: Mothers face increased chances of infection, blood clots and, in subsequent pregnancies, dangerous complications like uterine rupture, and the babies can go on to have higher rates of asthma, type 1 diabetes and immune disorders.

According to many news stories, an elective C-section — one chosen by the mother rather than ordered by the doctor — can also raise the chance of maternal mortality. I've seen estimates ranging from 60 percent to the terrifying 700 percent. But according to the American College of Obstetricians and Gynecologists, women who have elective C-sections are not more likely to die. And besides, elective C-sections are rare — probably under 2.5 percent of births in the United

States. There are some women who, fearing the pain, or concerned about arranging care for older children at the last minute, really would rather schedule abdominal surgery than give birth the way mammals have for all time. But not many.

For most of us, these mortality statistics are pretty meaningless. A C-section is the last thing we want, so we're not "electing" to have one. But after hours of pain and fear, when even the most meticulous birth plan fades in the face of the imperative of bringing a baby safely into this world, we're going to do whatever a doctor says we should.

I'm as sure as I can be that I needed those C-sections. The first time, I had pre-eclampsia and arrested descent — the technical term for "she's all systems go but the baby won't budge." Pregnant women with pre-eclampsia can get seizures or strokes or even die. "But why didn't you try a natural birth the second time?!" the postnatal yoga moms want to know. Well, when I went to the hospital with contractions, the doctor pointed out that this baby wasn't any smaller and my pelvis wasn't any bigger, and because of my scar I faced a higher risk of uterine rupture if I tried to labor. So I opted for the knife.

Considering how common a procedure C-sections are, women who have had them don't talk much about them. I once asked a group of friends if anyone had ever come across the procedure in a work of fiction. The only example I could think of was Sarah Hall's gorgeous "The Wolf Border," in which the main character, who works to reintroduce wolves to nature, has the least natural of all childbirths. One friend brought up the bleaker "After Birth," by Elisa Albert. "Cider House Rules?" someone else said. Also, "that scene in 'Alien'" (he wasn't wrong).

One reason women don't talk about C-sections is they're ashamed — because people might (and probably will) think they should have tried harder to avoid one. When I searched "did I really need to have a C-section," one of the first articles that came up was a 2010 essay by the writer Denise Schipani in which she calls her scar a "badge of dishonor." That captures many mothers' regrets about having — or feeling they were forced to have — the surgery. "The first moments of my son's life remain at a frustrating remove," Ms. Schipani wrote. "I remember the bright lights; the odd, painless tugging at my abdomen; the conversation between doctors and nurses. But I wasn't really there."

Some of that is familiar to me. You're fully conscious, but nothing hurts. You might as well not have legs for all you can feel them. A sheet hangs from the ceiling, covering everything from your chest down.

But while I was removed from the pain, I wasn't removed from the experience. If you believe people have souls, a C-section is probably good preparation for the afterlife. Your body is completely out of your control, but you are not your body.

Your partner holds one arm down. A nurse or maybe the anesthesiologist — some stranger toward whom you feel a desperate sense of gratitude — holds the other. After digging around your organs for a while, the doctor says from behind the sheet, "Now I'm going to apply some

pressure.” And then suddenly there is another person in the room and both you and your baby gasp the new air and begin to sob.

The aftermath isn’t easy. Because I labored the first time (no way was I having a C-section! I was going to push that baby out if it was the last thing I did!), I had significant internal bruising and the doctor closed my wound with gruesome metal staples. I ended up with an infection. The second recovery was smoother. Mostly the pain is manageable, assuming you never, ever have to sneeze.

What I’m saying is: I don’t recommend it, unless you need it. As one of the Lancet studies points out, a C-section “is not intrinsically an adverse outcome,” and replacing it with a bad vaginal birth is “more likely to cause harm than good.” And so we’re right back where we started.

There are things we can do to reduce the number of unnecessary C-sections. That Lancet study suggested that greater reliance on midwives and labor companions like doulas could help, as could requiring doctors to get a second opinion. Patients should have better access to data on C-sections, so that they can avoid doctors and hospitals that order them disproportionately. And we should all demand that doctors worry as much as mothers about whether surgery is justified.

In her essay, Ms. Schipani wrote, the “bitterness lingers because I’ll never know. I’ll always have the question, and though I can work to forgive myself, the doubts, and the scar, will never heal.”

I like Ms. Hall’s conclusion better: “There is no wound. The only wound is life.”

Related

More on childbirth from the Opinion section.

Opinion | Jessi Klein

Get the Epidural July 9, 2016



Opinion | Vanessa Barbara

Hairy Baby? Better Get a C-section. Gingivitis? C-section. Scoliosis? C-section. Aug. 27, 2018



Honor Jones is a senior staff editor in Opinion.

Follow The New York Times Opinion section on Facebook, Twitter (@NYTOpinion) and Instagram.

A version of this article appears in print on Oct. 28, 2018, on Page SR7 of the New York edition with the headline: Not Every C-section Is a Bad Birth Story

